Chication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Colu						nn 2)		SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS							_	RATE FEE			RATE	FE	
FOR			NUMBER FILED		NUMBER EXTRA			ASIC FEE		OR	BASIC FEE	86	
TOTAL CHARGEABLE CLAIMS			\G minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			1 minus 3 =		. 1		-	X40=		OR	X80=	8	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				-					0	9
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	L	+135=		OR	+270=	9, 1	$\overline{}$
							1	TOTAL		OR	TOTAL OTHER	74	\mathcal{O}
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							5	SMALL E	ENTITY	OR	SMALL		1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIO	
	Total	. 19	Minus	Q	0.	= 0	1	X\$ 9=		OR	X\$18=	1	
	Independent	NTATION OF M	Minus	***	3	= //		X40=		OR	X80=		
<u> </u>	PINOT PHESE	MIATION OF MI	JUIPLE DEF	ENDEN	CLAIIVI			+135=		OR.	+270=		
							<u> </u>	TOTAL DIT. FEE		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIO	NAL
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DIT. FEE L		,	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE		DI- NAL EE
	Total	•	Minus	**		=	;	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-135=				_	1
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Pa					r found	in the app	ropriate box	in col	umn 1.		j